

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1488
Reg. Dist. No. 137

1. PLACE OF DEATH COUNTY CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME OF DECEDENT) STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	
3. NAME OF DECEASED (First) (Type or Print) GERTRUDE		4. DATE OF DEATH Feb 28-1951	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/13/1871	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
13. FATHER'S NAME John Wright		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Mother, Libertytown, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Coronary Occlusion			
Antecedent cause(s) (b) Arteriosclerosis			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 2, 1949, to Feb. 27, 1951, that I last saw the deceased alive on Jan. 26, 1951, and that death occurred at 3 p.m., from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3/3/51	
DATE REC'D BY LOCAL REG.		NAME OF CEMETERY OR CREMATORIAL St. Peter's Cemetery, Libertytown, Md.	
REG.		LOCATION (City, town or county) (State)	
REG.		24. FUNERAL DIRECTOR Powell & Hartley	
REG.		ADDRESS Libertytown Woodsboro, Md.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1489

Reg. Dist. No.

131

CERTIFICATE OF DEATH

Form No. 6 171 MAR 7 1951

1. PLACE OF DEATH
CITY OR TOWN

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

LENGTH OF STAY
(in this place)

TOWN

Frederick

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

319 Madison Street

3. NAME OF
DECEASED
(Type or Print)

Luther

(First) Linward

2. USUAL RESIDENCE (HOME) OF DECEASED
CITY OR TOWN

Maryland

COUNTY

Fred.

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

Frederick

STREET
ADDRESS

(If rural, give location)

319 Madison Street

4. DATE
OF
DEATH

(Month) (Day) (Year)

Feb. 28, 1951

19

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify)

Married

8. DATE OF BIRTH

Apr. 17, 1881

9. AGE last birthday

70 69 yrs.

If under

1 year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Railroad Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Frederick County

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

Nathan Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, unknown) (If yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.

705-07-7667

14. MOTHER'S MAIDEN NAME

Agnes Price

17. INFORMANT AND ADDRESS

Odie Bell 319 Madison Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4301 Immediate cause

(a)

Coronary Thrombosis
Chronic MyocarditisINTERVAL BETWEEN
ONSET AND DEATH

2 days

93d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

3

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

INJURY OCCURRED
While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1951, to Feb. 28, 1951, that I last saw the deceased

alive on Feb. 27, 1951, and that death occurred at 3 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

Burial

Mar. 3, 1951

Della

Della

Md.

DATE REC'D BY LOCAL REG.

REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

9 March 1951

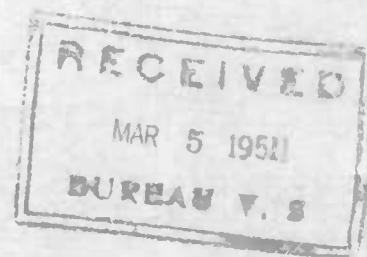
REG.

Elizabeth S. Hicks

Charles E. Hicks III

Frederick, Md.

970506



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1491

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Frederick		Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (In this place)	
TOWN		Frederick 2-18-51 - 2-21-51	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Frederick Memorial Hospital	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) John		(Month) February	
(Middle) David		(Day) 21 1951	
5. SEX		6. COLOR OR RACE	
Male		White	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
James		Owner	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Richard S. Bohm		Mary Virginia Sayley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT AND ADDRESS			
Luke S. Bohm, Club, Maryland			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Coronary Occlusion			
Antecedent cause(s) (b) —			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Not While Work At work	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 18 1951, to February 21 1951, that I last saw the deceased alive on February 21, 1951, and that death occurred at 2:15 A.M., from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
24. FUNERAL DIRECTOR		ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1491

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Frederick</i>		MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
<i>Thurmont</i>		<i>25 yrs.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
		<i>(If rural, give location)</i> <i>Walnut Street</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>SAMUEL</i>	(Middle) <i>EDWARD</i>	(Last) <i>BOLLER</i>
4. DATE OF DEATH	(Month) <i>Feb.</i>	(Day) <i>27</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH
<i>Male</i>	<i>White</i>		<i>May 29, 1870</i>
9. AGE last birthday yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<i>80</i>	<i>Carpenter</i>	<i>Maryland</i>	<i>U.S.A.</i>
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
<i>Israel Boller</i>	<i>Savilla Harbaugh</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION
		<i>John Boller, Thurmont, Md.</i>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause

(a) *Chronic myocarditis*INTERVAL BETWEEN
ONSET AND DEATH

?

93d

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause first(b) *Hypertension*

?

(c) *Arteriosclerosis*

?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb. 2, 1951*, to *Feb. 27, 1951*, that I last saw the deceasedalive on *Feb. 26, 1951*, and that death occurred at *1 A.M.*, from the causes and on the date stated above.

SIGNATURE

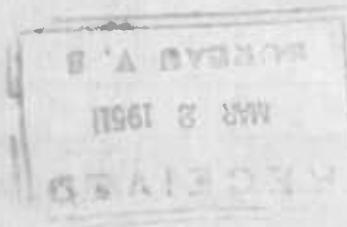
(Degree or title)

DATE SIGNED

M. Franklin Brink *Thurmont, Md.* *2/28/51*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
	<i>Mar. 1, 1951</i>	<i>Graham Cemetery</i>	<i>Graham, Md.</i>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<i>Mar. 1, 1951</i>	<i>Blanche S. Egle</i>	<i>M. L. Aeager, Son</i>	<i>Thurmont, Md.</i>	

510246



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1492

131

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Grove Blvd.		STREET ADDRESS 316 East Patrick Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) RUTH	(Middle) CATHERINE	(Last) BOWERS
4. DATE OF DEATH 2 7 1951	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH 17 Aug 1873
9. AGE last birthday 77 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11b. KIND OF BUSINESS OR INDUSTRY House-work	11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Harvey Burke	14. MOTHER'S MAIDEN NAME Emma C. Crawford	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Elmer H. Burke, Frederick, Md.	316 E. Patrick St.,	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 Immediate cause 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(a) <i>Sazony Cec Lusion</i> (b) <i>Mr. Carlis Rond Tacular plane</i>	7 day 10 hr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? 6:30 A.m.	
22. I hereby certify that I attended the deceased from 1-27-51, 19....., to 2-6, 1951, that I last saw the deceased alive on 2-6, 1951, and that death occurred at 6:30 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>Mrs. A. G. Bourne Jr.</i> M. D. Frederick, Maryland 8 Feb 1951			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9 Feb 1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Elizabeth B. Heck</i>	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1493

19

1. PLACE OF DEATH- COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		COUNTY		
Frederick		CITY (If outside corporate limits, write RURAL and OR give nearest town)		Maryland		Frederick		
TOWN		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)				
TOWN		Lifetime		TOWN		Frederick		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Frederick Memorial Hospital		STREET ADDRESS		(If rural, give location)		
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
		MINNIE	HANSHEW	BRISH	February	8		19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH	9. AGE last birthday	If under Months	1 year Days	16 under 24 hrs Hours Min.
Female	White			April 5, 1871	79 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife			Own Home		Maryland		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
Ritchie Hanshew			Martha Custer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS			
No			None		Mr. Deville C. Brish, Frederick, Maryland			

MARCH 1981 VOL 58 / NO 3

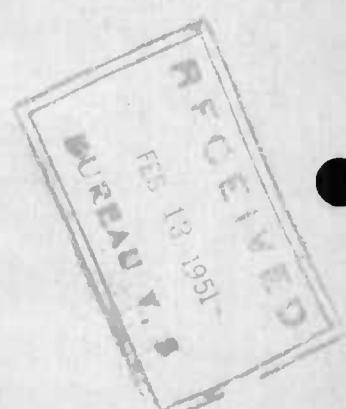
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause		(a)		<i>Cerebral Hemorrhage</i>	
Antecedent cause(s)				<i>Hypertension and arteriosclerosis, generalized. Trauma</i>	
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last		(b)			
		(c)			
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at _____ Not While _____ Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.				

22. I hereby certify that I attended the deceased from Dec. 1, 1950, to Feb. 8, 1951, that I last saw the deceased alive on Feb. 8, 1951, and that death occurred at 11:25 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

SIGNATURE		(Degree or title)	ADDRESS	DATE SIGNED
<i>Arthur F. Woodward</i>		<i>20. S. Frederick, Md.</i>		<i>2/9/51</i>
23. BURIAL, CREMATION REMOVAL, (Specify) Burial		DATE <i>Feb. 11, 1951</i>	NAME OF CEMETERY OR CREMATORIUM <i>Mount Olivet Cemetery</i>	LOCATION (City, town, or county) (State) <i>Frederick, Maryland</i>
DATE REC'D BY LOCAL REG		REG. NO. <i>9-528-1951</i>	REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>	24. FUNERAL DIRECTOR ADDRESS <i>C. E. Cline & Son, Frederick, Maryland</i>

V5. A15



Evidence for change
in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

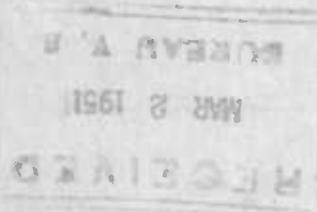
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1494 137

File No. G 131 MAR 12 1951

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
Frederick MARYLAND		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Libertytown		LENGTH OF STAY (in this place) Life	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Box 74 Libertytown		Box 74 Libertytown (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) John thomas		(Month) (Day) (Year)	
(Middle) Simms		Feb. 8, 1951	
(Last) Brooks		19	
5. SEX		6. COLOR OR RACE	
Male Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Laborer Contractors		*****	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Elisah Brooks		Libertytown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
Unknown Spanish		215-26-7865	
17. INFORMANT AND ADDRESS			
Clara Brooks Box 74 Libertytown			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Chronic Endocarditis			
Antecedent cause(s) (b) Chronic Nephritis			
Diseases or conditions, if any, (c) Unknown giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 6 1951, to Feb. 8, 1951, that I last saw the deceased alive on Feb. 8, 1951, and that death occurred at 11 A.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Burial		Feb 11, 1951 John Wesley Libertytown Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
9 February 1951		Our 9 Coop	
24. FUNERAL DIRECTOR ADDRESS			
Charles E. Hicks III Fred. Md.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1495

CERTIFICATE OF DEATH

Reg. Dist. No. 151

1. PLACE OF DEATH COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Frederick Rural</i>		LENGTH OF STAY (in this place) <i>8 days</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Emergency Hospital</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Braddock Heights</i>	
3. NAME OF DECEASED (Type or Print) <i>ENOCH</i>		4. DATE OF DEATH <i>Feb - 14</i>	
(First) <i>E</i> (Middle) <i>F.</i> (Last) <i>Burner</i>		(Month) <i>1951</i> (Day) <i>14</i> (Year)	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>widower</i>	8. DATE OF BIRTH <i>Dec 24, 1871</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>store clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>Lafayette Burner</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Burn</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>Hospital Records</i>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442x Immediate cause 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (a) <i>Cardio-Renal-Vascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1949*, to *Feb 14, 1951*, that I last saw the deceased alive on *Feb 13, 1951*, and that death occurred at *2:40 A.M.* from the causes and on the date stated above.

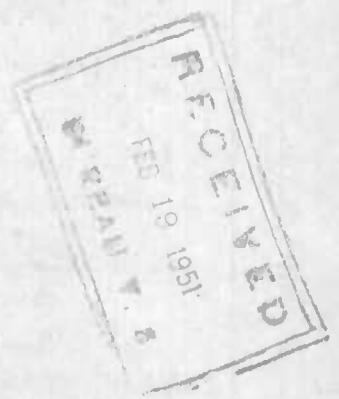
SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, Cremation REMOVAL (Specify)	DATE THEREOF <i>14 Feb, 1951</i>	NAME OF CEMETERY OR CREMATORIAL ADDRESS	LOCATION (City, town, or county) <i>Bethesda, Maryland</i>	(State)
DATE REC'D BY LOCAL REG. <i>14 Feb 1951</i>	REGISTRAR'S SIGNATURE <i>Elizabeth G. Heeb</i>	24. FUNERAL DIRECTOR ADDRESS		
		<i>Robert A. Humphrey, Bethesda, Maryland</i>		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1496
Reg. Dist. No. 131

1. PLACE OF DEATH- CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED- CITY (If outside corporate limits, write RURAL and give nearest town) MARYLAND		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			STATE Maryland COUNTY Frederick		
3. NAME OF DECEASED (First) Baby (Middle) Girl (Last) Butcher			4. DATE OF DEATH (Month) Feb. (Day) 28 (Year) 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 2-28-1951	9. AGE last birthday yr. 1 months 0 days	If under 1 year Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wade C. Butcher			10b. KIND OF BUSINESS OR INDUSTRY Maryland		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? —		
13. FATHER'S NAME Wade C. Butcher			14. MOTHER'S MAIDEN NAME Margaret Hooper		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT AND ADDRESS Wade C. Butcher			18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause Exhaustion					
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 159			Premature (6 months)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)			PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 28 1951 3-15 P.m.			INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb 28, 1951 , to Feb 28, 1951 , that I last saw the deceased alive on Feb 28, 1951 , and that death occurred at 12:15 P.m. , from the causes and on the date stated above.			SIGNATURE Laurence Faloney M.D. ADDRESS Frederick Md DATE SIGNED March 1, 1951		
23. BURIAL, CREMATION REMOVAL (Specify) Burial			NAME OF CEMETERY OR CREMATORIUM Ht. Olivet Cemetery LOCATION (City, town, or county) (State) Frederick-Maryland		
DATE REC'D BY LOCAL REG. March 1, 1951			24. FUNERAL DIRECTOR ADDRESS C.E.Cline and Son- Frederick Maryland		
REG. Elizabeth G. Heek			202281392270		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1497

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Adamstown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle) HENRY	(Last) CAREY
4. DATE OF DEATH	2	(Month) (Day)	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 23 Aug 1876
9. AGE last birthday 74 yrs.	10. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Carey	14. MOTHER'S MAIDEN NAME Mary Specht		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Ollie Carey, Adamstown, Maryland	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Immediate cause 420.0 93d		(a) Uremia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 73d		(b) Arterio-Sclerotic Heart Disease 4 yrs.	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept., 1947, to 9 Feb., 1951, that I last saw the deceased alive on 9 Feb., 1951, and that death occurred at 3 P.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Charles H. Coxley, M. D. Frederick, Maryland 10 Feb 1951			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE TIME OF 12 Feb 1951	NAME OF CEMETERY OR CREMATORIAL St. Pauls Cemetery	LOCATION (City, town, or county) (State) Point of Rocks, Maryland
DATE REC'D BY LOCAL REG. 12 Feb 1951	REGISTRAR'S SIGNATURE Elizabeth S. Hech	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	



MARYLAND STATE DEPARTMENT OF HEALTH

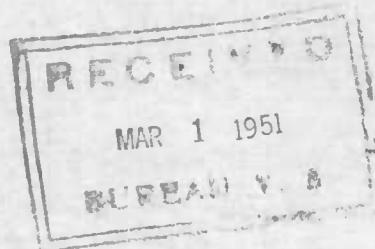
2411 N. Charles Street, Baltimore

1498

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland	
LENGTH OF STAY (in this place) Life		STREET ADDRESS Fred.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 152 1/2 W. All Saint St.		152 1/2 W. All Saint St.	
3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) Ellsworth	(Last) Cartnail
4. SEX Male	5. COLOR OR RACE Colored	6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	7. DATE OF BIRTH 12/26/1910
8. AGE last birthday 40	9. IF under 1 year Months Days Hours Mins	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractors laborer	11. KIND OF BUSINESS OR INDUSTRY *****
12. CITIZEN OF WHAT COUNTRY? Frederick County	13. FATHER'S NAME Charles Cartnail	14. MOTHER'S MAIDEN NAME Annie N. Cowans	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 217-12-1295
17. INFORMANT AND ADDRESS Thelma Cartnail 152 1/2 W. All Saint			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
591x	Immediate cause Armenia	(a)	INTERVAL BETWEEN ONSET AND DEATH 10 days
130	Antecedent cause(s) Frenchaytons nephritis	(b)	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec 10, 1954 , to Feb 26, 1951 , that I last saw the deceased alive on Feb 25, 1951 , and that death occurred at 115 a.m. , from the causes and on the date stated above. SIGNATURE B. O. Thomas M.D. ADDRESS Frederick, Md DATE SIGNED Feb 27-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/28/51	NAME OF CEMETERY OR CREMATORIAL Fairview Cemetery	LOCATION (City, town, or county) (State) Frederick Maryland
DATE REC'D BY LOCAL 27 Feb 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR ADDRESS Charles E. Hicks III Frederick, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

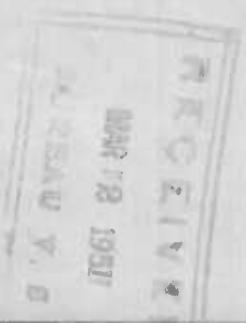
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1499 137 80

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
ORVILLE		Feb. 17 - 1951	
5. SEX		6. COLOR OR RACE	
Male		7. SINGLE, MARRIED, WIDOWED, DIVORCED	
8. DATE OF BIRTH		9. AGE last birthday	
4/25/1925		If under 1 year Months Days Hours Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10a. KIND OF BUSINESS OR INDUSTRY	
Cement Worker		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John W. Lee		Maude Clabaugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		220-16-0980	
17. INFORMANT AND ADDRESS			
220-16-0980 Maude Clabaugh - Club President			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
825.5 Immediate cause (a) Fracture Fractured Cervical Spine			
Antecedent cause(s) (b) Distant.			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg. etc.)	
INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED	
OF INJURY Feb. 17, 1951, 1 A.M.		While at Not while work <input type="checkbox"/> at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?		Automobile accident	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE		(Degree or title) ADDRESS DATE SIGNED	
Charles L. Corley, M.D., F.A.C.P.		Frederick, Md. 17 Feb. 57.	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Burial		2/19/57 Pipe Creek Cemetery, Clifton, Md.	
DATE REC'D. BY LOCAL REG. DATE REC'D. BY LOCAL REG.		24. FUNERAL DIRECTOR ADDRESS	
Sept. 24, 1957		Mrs. Ora Cartman, Clifton Bridge, New Windsor, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1518

Reg. Dist. No. 139

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN State Sanatorium		LENGTH OF STAY (in this place) Since 4/23/47			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore			
STREET ADDRESS 4407 Walther Ave.		STREET (If rural, give location) ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) H.	(Last) Clift		
4. DATE OF DEATH Feb. 19	(Month) 19	(Day) 19	(Year) 51		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2/2/1886		
9. AGE last birthday 65 yrs.	If under 1 year 0 months/0 days	If under 24 hrs. 0 hours/0 min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) England		
13. FATHER'S NAME Thomas Clift		14. MOTHER'S MAIDEN NAME Fanny Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. No 101-05-3337	17. INFORMANT Deceased	12. CITIZEN OF WHAT COUNTRY? U.S.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Pulmonary Tuberculosis					
Antecedent cause(s)					
13. Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4/23, 19.47, to 2/19, 19.51, that I last saw the deceased alive on 2/19, 19.51, and that death occurred at 11:35A.m., from the causes and on the date stated above. SIGNATURE <i>J. B. Dyer, M.D.</i> (Degree or title) ADDRESS DATE SIGNED 2/21/51					
23. BURIAL, CREMATION REMOVAL (Specify)	DATE 2-22-50	NAME OF CEMETERY OR CREMATORIAL Flushing Chapel Cem. Flushing Long Island N.Y.	LOCATION (City, town, or county) Long Island N.Y.	(State)	
DATE REC'D BY LOCAL REG. 2/21/51	REGISTRAR'S SIGNATURE <i>J. B. Dyer</i>	24. FUNERAL DIRECTOR M. L. Creagorson - Thurmont M.D.	ADDRESS		



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1501

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Adamstown-Rural RD#1		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Lily Pons		STREET ADDRESS (If rural, give location) Near Lily Pons	
3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) GILMORE	(Last) COSGRAVE
4. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12 Oct 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Col. William J. Cosgrave	14. MOTHER'S MAIDEN NAME Alice Plummer	15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Annie Cosgrave, Adamstown, Maryland	18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420, 1
Immediate cause (a)
94a Antecedent cause(s)
Diseases or conditions, if any, (b)
giving rise to the above cause
stating the underlying cause last
(c)

Coronary occlusion
atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Mediate
5-7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg. etc.) Resident Home	(CITY OR TOWN) Lily Ponds	(COUNTY) Frederick	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF DEATH 2-2-51 6 A m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

R. W. Barr

Deputy Medical Examiner, Frederick, Maryland

DATE SIGNED

2 Feb 1951

23. BURIAL, CREMATION BURIAL <input type="checkbox"/> (Specify)	DATE THEREOF 5 Feb 1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
--	----------------------------	--	---	---------

DATE REC'D BY LOCAL REG. REG.	REGISTRAR'S SIGNATURE Elizabeth G. Heels	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
----------------------------------	---	---	---------



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1502

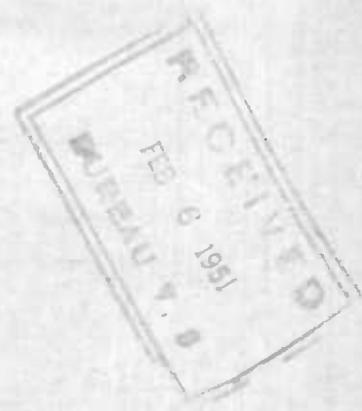
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.		
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural LENGTH OF STAY (in this place) Life			CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hosp.			STREET ADDRESS 116 Ice Street		
3. NAME OF DECEASED (First) Laura (Middle) (Last) Dixon			4. DATE OF DEATH Feb. 1, 1951 (Month) Feb. (Day) 1 (Year) 1951		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 28 July 1894	9. AGE last birthday 56 yrs.	If under 1 year Months. 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY *****		
13. FATHER'S NAME Samuel Dixon			11. BIRTHPLACE (State or foreign country) Jefferson Maryland		
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			12. CITIZEN OF WHAT COUNTRY? 		
16. SOCIAL SECURITY NO. None			14. MOTHER'S MAIDEN NAME Charlotte Virginia Parker		
17. INFORMANT AND ADDRESS Floyd Dixon 308 N. Bentz St.					

18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
420.1 Immediate cause (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH hours					
94a Antecedent cause(s) (b) Hypertension years					
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 22 January, 1951 , to 1 February, 1951 , that I last saw the deceased alive on 31 January, 1951 , and that death occurred at 10:45 A.M. from the causes and on the date stated above.					
SIGNATURE James B. Thomas, M.D.			ADDRESS Frederick, Maryland		
DATE SIGNED 2/2/51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 2-5-51	NAME OF CEMETERY OR CREMATORIAL Fairview	LOCATION (City, town, or county) (State) Frederick Md.	
DATE REC'D BY LOCAL REG. 5 February 1951		REG. J	REG. J	24. FUNERAL DIRECTOR ADDRESS Charles E. Hicks III Frederick Md.	
REG. J					



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1593

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	
4. SEX	5. COLOR OR RACE	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	7. DATE OF BIRTH	
8. 10a. USUAL OCCUPATION done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
9. FATHER'S NAME	13. MOTHER'S MAIDEN NAME	14. AGE last birthday If under 1 year Months Days Hours Min.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
156.1	156.1	Carcinomatosis	3 mo.	
46 f	46 f	Carcinoma of liver	1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Feb. 20, 1951, that I last saw the deceased alive on Feb. 19, 1951, and that death occurred at 4:40 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED				
23. BURIAL/CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
Feb. 23 1951	Blanche J. Eyer	M. S. Geiger & Son, Thurmont	Thurmont, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1564

Evidence for change
in 8 shown on:

FMW No. G 152 APR 10 1951

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

COUNTY

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL and
give nearest town)LENGTH OF STAY
(in this place)

TOWN

23 yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

16 Lincoln Apt.

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

4. SEX

Female

5. COLOR OR RACE

Colored

6. COLOR OR RACE

WIDOWED, DIVORCED,
(Specify)7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

Housewife

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Burkittsville, Md.

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

Samuel Thomas

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of
service)

16. SOCIAL SECURITY NO.

No None

17. INFORMANT AND ADDRESS

Ida Steward 16 Lincoln Apt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT (Specify)

SUICIDE
HOMICIDEPLACE (Home, farm, factory, street,
OF office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)

OF INJURY

While at Work Not While At work m.

How did injury occur?

While at Work At work

22. I hereby certify that I attended the deceased from _____, 1940, to 2/15/51, 1951, that I last saw the deceased

alive on 2-5-1951, and that death occurred at 8 a.m.

, from the causes and on the date stated above.

(Degree or title)

ADDRESS

DATE SIGNED

Signature

D. M. G. Bourne, Jr.

Frederick, Md. 2/9/51

VS. A15

23. BURIAL, CREMATION
REMOVAL (Specify)

Burial

DATE

Feb 10, 1951

NAME OF CEMETERY OR CREMATORIAL

Fairview

LOCATION (City, town, or county)

Frederick

Md. (State)

DATE REC'D BY LOCAL REG.

9 Feb 1951

REG.

REG.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

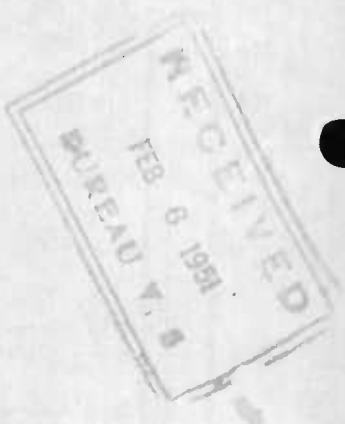
2411 N. Charles Street, Baltimore

1505

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Rural - Frederick</u>		TOWN <u>Rural - Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Montgomery - County Home</u>		STREET ADDRESS <u>(If rural, give location)</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u>	(Middle) <u>D</u>	(Last) <u>Fagle</u>
4. DATE OF DEATH	(Month) <u>February</u>	(Day) <u>2</u>	(Year) <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 12, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Say Salomon</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 80 yrs.	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>Solomon</u>	14. MOTHER'S MAIDEN NAME <u>Mary</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT AND ADDRESS <u>Records at Montgomery - Frederick, Md.</u>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) <u>Coronary occlusion</u></p> <p>Antecedent cause(s) 420.0 93d Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) <u>Anteriosclerotic heart disease</u></p> <p>(c)</p>			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 1, 1957</u> to <u>Feb. 2, 1957</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>9:00 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>James B. Thomas, M.D.</u>	ADDRESS <u>Frederick, Md.</u>	DATE SIGNED <u>2/2/57</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 3, 1957</u>	NAME OF CEMETERY OR CREMATORIAL <u>Montgomery Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>
(State)			
DATE REC'D BY LOCAL REG. <u>3 February 1957</u>	REG. <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR <u>C. E. Cline & Son, Frederick, Maryland</u>	ADDRESS <u>970 5th St., Frederick, Maryland</u>



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1566

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)	4. DATE OF DEATH
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	9. AGE last birthday If under 1 year Months. Days. Hours yrs. If under 24 hrs. Hours Min.
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
2411 Immediate cause (a) <i>Classis myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH 54 hrs.	
112 Antecedent cause(s) (b) <i>Bronchial Asthma</i>		20 yrs.	
112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Bronchial Asthma</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

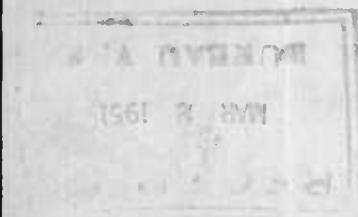
22. I hereby certify that I attended the deceased from *Dec.*, 19*50*, to *Feb. 18, 1951*, that I last saw the deceased alive on *Feb 18*, 19*51*, and that death occurred at *4 A.m.* from the causes and on the date stated above.
SIGNATURE *W. Kline M.D.* ADDRESS *Fredrick Md.* DATE SIGNED *1951*

23. BURIAL, CREMATION REMOVAL (Specify)		DATE	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

MAILED 001 FROM FREDRICK

VS-A15

- 290116



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1597

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY	Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	Maryland Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	Length of Stay (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	Maryland Frederick	
TOWN	5 yrs		TOWN	Walkersville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Franklin	(Last) Fox	4. DATE OF DEATH	Feb. 17	(Month) (Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10 yrs.	If under 1 year Months Days Hours Min.
Male	White	Married	Nov. 2, 1866	84		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Blacksmith	Iron wood work	Carroll Co. Md.	U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Samuel B. Fox	Mary A. Young					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH		
Yes		Spouse	Walkersville	10 days		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Thrombosis

Antecedent cause(s)

(b) Cerebral Sclerosis, generalized

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY					
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?
OF				While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
INJURY					

22. I hereby certify that I attended the deceased from

alive on 17 Feb., 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

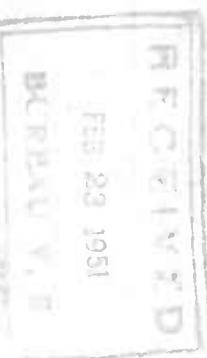
SIGNATURE

(Degree or title)

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	Feb. 20, 1951	Mt. Hope	Woodsboro	Md.
DATE REC'D BY LOCAL REC	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
Feb. 19, 1951	Elizabeth S. Heck	Burley Hartley	Woodsboro	
			501 UUU	2401

1 MARGIN RESERVED FOR BINDING
1 PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

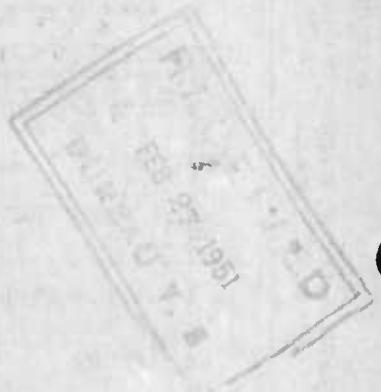
CERTIFICATE OF DEATH

1568

131

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
Frederick MARYLAND		Maryland COUNTY Montg	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
Frederick		2/23/51 - 1hr	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Frederick Memorial Hospital		(If rural, give location)	
3. NAME OF DECEASED (First) (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
Frederick J. HALLER		Feb 13 1951	
5. SEX male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married		8. DATE OF BIRTH 5/15/1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel keeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Haller		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Mr. Robert Haller, Banville,		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause (a) Coronary infarct 48 hours			
94a Antecedent cause(s) (b) Coronary Occlusion 48 hours			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension 10 years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) None		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1948, to 23 Feb 1951, that I last saw the deceased alive on 23 Feb 1951, and that death occurred at 1:15 P.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
John S. Fawcett M.D.		Boysel. Feb. 23 Feb 51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 2/25/51 NAME OF CEMETERY OR CREMATORIUM Monocacy LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL 24 February 1951		REGISTRAR'S SIGNATURE Elizabeth G. Heck. 24. FUNERAL DIRECTOR ADDRESS	
RECEIVED		ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1569

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		LENGTH OF STAY (in this place) TOWN Lite	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital			
3. NAME OF DECEASED (Type or Print)	(First) FRANKLIN	(Middle) HARRY	(Last) HARRINGTON
4. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	4. DATE OF DEATH 1 Sept 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Department	10b. KIND OF BUSINESS OR INDUSTRY State Roads	9. AGE last birthday 66 yrs.	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Dolphus Harrington	14. MOTHER'S MAIDEN NAME Catherine E. Bare	12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. May B. Harrington, Frederick, Md.	464 W. South St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause

(a) *Coronary occlusion*INTERVAL BETWEEN
ONSET AND DEATH*1/2 hour*

552

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last(b) *Carcinoma of abdominal tract**6 mo. +*(c) *Chronic pernicious nephritis**6 mo. +*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

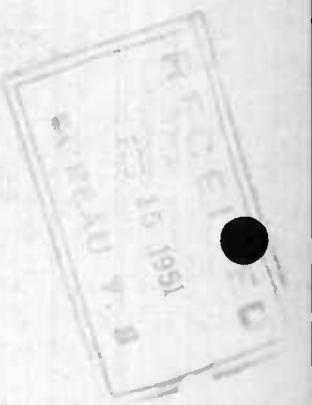
19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)		
TIME (Month)	(Day)	(Year)	INJURY OCCURRED OF INJURY m.	While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 5, 1951, to Feb. 12, 1951, that I last saw the deceased alive on Feb. 11, 1951, and that death occurred at 3:50 A.m., from the causes and on the date stated above. SIGNATURE						ADDRESS	DATE SIGNED 13 Feb 1951
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 15 Feb 1951	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)			
DATE REC'D BY LOCAL REG. 13 Feb 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS				



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1510

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>J. O. O. F. Home Frederick, Md.</u>		LENGTH OF STAY (In this place) <u>2 years</u>	
STREET ADDRESS <u>J. O. O. F. Home Frederick, Md.</u>		STREET ADDRESS <u>J. O. O. F. Home Frederick, Maryland</u>	
3. NAME OF DECEASED (Type or Print) <u>Annie</u>		(Last) <u>Harsh</u>	
(First) <u>Annie</u>		(Middle) <u>Laura</u>	
4. DATE OF DEATH <u>Feb. 11</u>	(Month) <u>Feb.</u>	(Day) <u>11</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 12, 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE last birthday <u>79</u> yrs.
13. FATHER'S NAME <u>John</u>		11. BIRTHPLACE (State or foreign country) <u>Washington County, Md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or UNKNOWN) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>None</u>		14. MOTHER'S MAIDEN NAME <u>Annie Elizabeth Farrow</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Grace Wright; Williamsport, Md.</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute dilatation of heart. INTERVAL BETWEEN
ONSET AND DEATH 24 hours.

Antecedent cause(s) 45.0

Diseases or conditions, if any, giving rise to the above cause (b) 91 arterio sclerosis. Chronic bronchitis 10 years

stating the underlying cause last (c) 91

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) <u>Feb.</u> (Day) <u>11</u> (Year) <u>1951</u> (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While		

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to Feb. 11, 1951, that I last saw the deceased

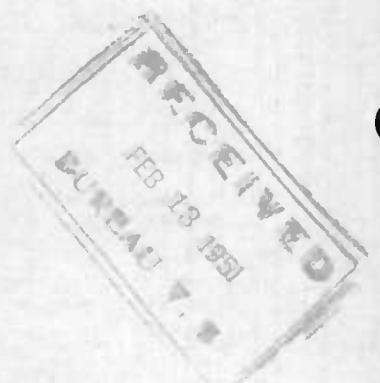
alive on Feb. 11, 1951, and that death occurred at 5:02 P.M. from the causes and on the date stated above.

SIGNATURE W. M. Smith, M.D.

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Feb. 14, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>St. Paul's Cemetery</u>	LOCATION (City, town, or county) <u>Near Clearspring, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>February 1951</u>	REG. <u>VS 113</u>	REGISTRAR'S SIGNATURE <u>Elizabeth A. Heck</u>	24. FUNERAL DIRECTOR <u>Albert L. Heath</u>	ADDRESS <u>Williamsport, Md.</u>



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1511

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

Frederick

Point of Rocks

(If outside city or town limits, write RURAL and give nearest town)

</div



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1512

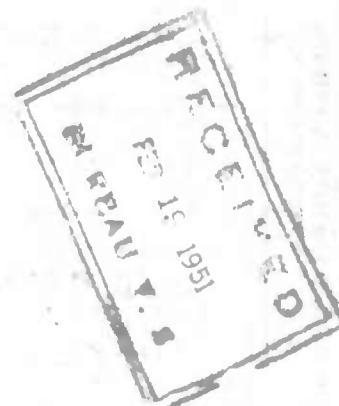
CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place) 6 hrs.		2. USUAL RESIDENCE (HOME) OF DECEASED STATE md. CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural, Union Bridge (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred Memorial Hospital					
3. NAME OF DECEASED (Type or Print) JAMES		(First) (Middle) EDWARD		(Last) HAUGH	
4. DATE OF DEATH Feb. 13 1951					
5. SEX m		6. COLOR OR RACE w		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salveman		10b. KIND OF BUSINESS OR INDUSTRY a. mfg products		8. DATE OF BIRTH July 2, 1865	
11. FATHER'S NAME Joseph E. Haugh		9. AGE last birthday 85 yrs.		10. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. INFORMANT Joseph W. Haugh, Union Bridge, md.		14. MOTHER'S MAIDEN NAME Mary E. Grimes		18. MEDICAL CERTIFICATION Acute myocardial failure Arterioocclusive Cardiovascular Disease	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 Immediate cause 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(a) (b) (c)		INTERVAL BETWEEN ONSET AND DEATH 2 days 20 years	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
23. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
24. I hereby certify that I attended the deceased from alive on SIGNATURE (Degree or title)		1949, to 13 Feb., 1951, that I last saw the deceased 13 Feb., 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above. ADDRESS		DATE SIGNED 14 Feb. 51	
25. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Feb. 17, 1951		NAME OF CEMETERY OR CREMATORIAL 3ion Cemetery Haugh	
DATE REC'D BY LOCAL REG. 16 Feb. 1951		REGISTRAR'S SIGNATURE Elizabeth L. Tech		LOCATION (City, town, or county) nr. Ladiesburg md	
				F. FUNERAL DIRECTOR J. C. Barton Walkersville md.	
				ADDRESS 490 VVV	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change
in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1513

MD. G 151 MAR 7 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY TOWN STREET ADDRESS	
Frederick Maryland Frederick Frederick Memorial Hospital		Maryland Brenton Brenton	
3. NAME OF DECEASED (Type or Print)	(First) Mrs Ella	(Middle)	(Last) Hoffmaster
4. DATE OF DEATH	(Month) Jul.	(Day) 24	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify) WIDOWER	8. DATE OF BIRTH
Female	white	Home	3/12/76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	None	Maryland	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Mr Dawson Dushester	Mary Hoffmaster		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
		Chase Hoffmaster, Towson Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
400.0 93d	Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(a) <i>Acute Coronary Thrombosis</i> (b) <i>Arteriosclerotic Heart Disease</i> (c) <i>Myocardial Insufficiency</i>	1 day
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	(STATE)	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jul. 12, 1951</i> , to <i>Jul. 24, 1951</i> , that I last saw the deceased alive on <i>Jul. 24, 1951</i> , and that death occurred at <i>3 p.m.</i> , from the causes and on the date stated above. SIGNATURE <i>J. J. Gear</i> (Degree or title) <i>M.D.</i> ADDRESS <i>Frederick Md.</i> DATE SIGNED <i>2/24/51</i>			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>2-27-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Brenton</i>	LOCATION (City, town, or county) (State) <i>Brenton</i> <i>Maryland</i>
DATE REC'D BY LOCAL REG.	REG.	24. FUNERAL DIRECTOR ADDRESS <i>Elizabeth S. Heek</i>	<i>C. H. Fahey & Bro</i> <i>Baltimore Md.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

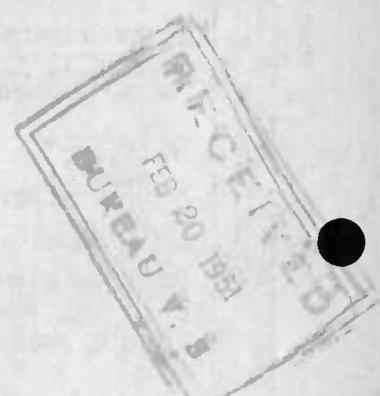
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1514

131



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1515

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick			MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) Kriderickville			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland			COUNTY Frederick					
			LENGTH OF STAY (in this place)						CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville					
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.						STREET ADDRESS			(If rural, give location)					
3. NAME OF DECEASED (Type or Print)			(First) (Middle) (Last)			4. DATE OF DEATH			(Month) (Day) (Year)					
Beulah Mae Johnson						7/24/1951			1951					
5. SEX			6. COLOR OR RACE			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH			9. AGE last birthday		
female			white			single			7/24/1913			37 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY					
factory worker			suit factory			Myersville, Md.						U.S.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			15. INFORMANT AND ADDRESS			16. SOCIAL SECURITY NO.			17. INFORMANT AND ADDRESS		
Edwin L. Johnson			Hazel L. Summers			Edwin L. Johnson, Myersville, Md.			214-10-5581					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **FRACTURED SKULL**

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office/bldg/etc.)		(CITY OR TOWN)		COUNTY		STATE	
		INJURY Neck				Mr. Myersville		Frederick Md.	
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED	While at work	Not while work	at work	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) OF INJURY FEB. 24, 1951		INJURY OCCURRED 30 pm.						Automobile accident	

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

2/25/51.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	2/27/1951	Lutheran Cemetery	Middletown, Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-27-51	Elizabeth S. Heck	Gladhill Co.	Middletown, Md.

690 448



CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Buckeystown		LENGTH OF STAY (in this place) 50 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) THOMAS	(Last) KABRICK	4. DATE OF DEATH	(Month) 2	(Day) 1	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday	10. under 1 year Months	11. under 24 hrs Days	12. under 24 hrs Hours
Male	White		18 March 1876	74 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Stone Quarry		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Kabrick				14. MOTHER'S MAIDEN NAME Rebecca Wenrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ??		17. INFORMANT AND ADDRESS Mrs. Ella Kabrick, Buckeystown, Md.			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral hemorrhage 3 days
Antecedent cause(s) (b) Hypertension years
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

10. DATE OF OPERATION 11. MAJOR FINDINGS OF OPERATION 12. AUTOPSY

19a. DATE OF OPERATION **19h. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY?

Yes No

**21. ACCIDENT
SUICIDE
HOMICIDE**

INJURY				INJURY OCCURRED			HOW DID INJURY OCCUR?	
TIME (Month)	(Day)	(Year)	(Hour)	While at	Not While			
OF				m.	Work	<input type="checkbox"/>	At work <input type="checkbox"/>	
INJURY								

22. I hereby certify that I attended the deceased from 1/27, 1947, to 21, 1947, that I last saw the deceased alive on 1/27, 1947, and that death occurred at 5:50 A m., from the causes and on the date stated above.
SIGNATURE **(Degree or title)** **ADDRESS** **DATE SIGNED**

James B. Thomson, M. D. Frederick, Maryland 1 Feb 1951
23. BURIAL, CREMATION
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
Mount Olivet Cemetery Frederick, Maryland

DATE REC'D BY LOCAL		REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1 February 1957			Elizabeth G. Tech.	M. R. Etchison & Son, Frederick, Maryland	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1517

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		LENGTH OF STAY (in this place) 1 day		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown		STREET ADDRESS		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.								
3. NAME OF DECEASED (Type or Print)		(First) Millard F. Kefauver	(Middle)	(Last)	4. DATE OF DEATH 2/25 1951	(Month)	(Day)	(Year)
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2/10/1856	9. AGE last birthday 95 yrs.	10. BIRTHPLACE (State or foreign country) Middletown, Md.	11. CITIZEN OF WHAT COUNTRY? U.S.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer, ret.		10b. KIND OF BUSINESS OR INDUSTRY farm owner	12. INFORMANT AND ADDRESS Mrs. Maurice Coblenz, Middletown, Md.					
13. FATHER'S NAME Jacob Kefauver		14. MOTHER'S MAIDEN NAME Lanora Coblenz						
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. MEDICAL CERTIFICATION Coronary Occlusion 4 days					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause 940. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb 21, 1951, to Feb 25, 1951, that I last saw the deceased alive on Feb 24, 1951, and that death occurred at 11:45 A.m., from the causes and on the date stated above. SIGNATURE <i>Q3 Harp Md Middletown</i>		(Degree or title)		ADDRESS		DATE SIGNED 2-25-51		
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 2/28/1951		NAME OF CEMETERY OR CREMATORIAL Reformed Cemetery		LOCATION (City, town, or county) (State) Middletown, Md.		
DATE REC'D BY LOCAL REG. 2-27-51		REGISTRAR'S SIGNATURE <i>Elizabeth S. Heed</i>		24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.		ADDRESS 290116		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1518

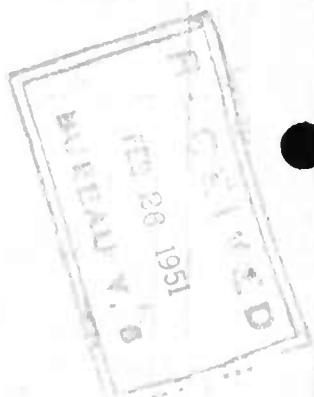
1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN State Sanatorium		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
LENGTH OF STAY (In this place) Since 1/8/51		STREET ADDRESS 235 Ashwood Rd.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Eileen	(Middle)	(Last) Keller
4. DATE OF DEATH	(Month) Feb.	(Day) 22	(Year) 19 51
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 1/10/1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 35 yrs.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.	13. FATHER'S NAME William Gildenfenney	14. MOTHER'S MAIDEN NAME Barbara E. Creswell	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 220-12-6926	17. INFORMANT Deceased	18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Pulmonary Tuberculosis Antecedent cause(s) 002X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 132 Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	

INTERVAL BETWEEN
ONSET AND DEATH
About **5 1/2**
Yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Diabetes Mellitus	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (CITY OR TOWN)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. <input type="checkbox"/> Work <input type="checkbox"/> At work	HOW DID INJURY OCCUR? DATE SIGNED

22. I hereby certify that I attended the deceased from **1/8**, 1951, to **2/22**, 1951, that I last saw the deceased alive on **2/22**, 1951, and that death occurred at **5:10 P.m.**, from the causes and on the date stated above.
SIGNATURE **G. Bayn, M.D.** ADDRESS **State Sanatorium, Md.** DATE SIGNED **2/23/51**

23. BURIAL, CREMATION REMOVAL (Specify) 2/26/51	DATE 2/23/51	NAME OF CEMETERY OR CREMATORIAL Marshall Memorial	LOCATION (City, town, or county) Baltimore, Md.
DATE REC'D BY LOCAL REG. 2/23/51	REGISTRAR'S SIGNATURE J. G. Bayn	24. FUNERAL DIRECTOR M. L. Cease & Son - Thermal Md.	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

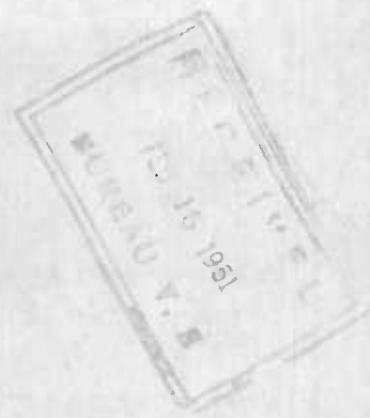
Reg. Dist. No. 131

1519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Buckeystown		LENGTH OF STAY (in this place) Lifetime	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
4. NAME OF DECEASED (Type or Print) JOHN FLETCHIER		5. SEX Male	
6. COLOR OR RACE White		7. SINGLED, MARRIED, WIDOWED, DIVORCED. (Specify) Married	
8. DATE OF BIRTH Sept. 2, 1873		9. AGE last birthday 77 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Justice of the Peace		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Otho J. Keller		14. MOTHER'S MAIDEN NAME Margaret Burnette	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. John F. Keller, Buckeystown, Maryland		18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause (a) <i>Cerebral Metastatic Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH 3 mos +	
Antecedent cause(s) (b) <i>Squamous Cell Carcinoma tongue</i>		1 year	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION now		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/> Not While	
		HOW DID INJURY OCCUR?	
23. I hereby certify that I attended the deceased from June 24, 1950, to Feb 10, 1951, that I last saw the deceased alive on Feb. 7, 1951, and that death occurred at 9:00 A.M., from the causes and on the date stated above. SIGNATURE <i>O. J. Keller</i>		ADDRESS	
DATE SIGNED			
24. BURIAL, Cremation REMOVAL (Specify) Burial		NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	
DATE REC'D BY LOCAL REG. 12 Feb 1951		LOCATION (City, town, or county) (State) Frederick, Maryland	
REG.		24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1520

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS 1822 Light Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle)	(Last) Kelm
4. DATE OF DEATH Feb. 5, 1951	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED (Specify) Divorced	8. DATE OF BIRTH June 11, 1905
9. AGE last birthday If under Months, Days	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.	13. FATHER'S NAME Julius Kelm	14. MOTHER'S MAIDEN NAME Christina Ballinger	
15. WAS DECEDAS EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 217-01-4564	17. INFORMANT Patient	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x Immediate cause (a) Pulmonary Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH
2 yrs.

Antecedent cause(s)

13b Diseases or conditions, if any, (b)
giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY					
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY					
m.					

22. I hereby certify that I attended the deceased from Oct. 26, 1949, to Feb. 5, 1951, that I last saw the deceased
alive on Feb. 5, 1951, and that death occurred at 11:15 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. B. Dyer, M.D. State Sanatorium, Md. 2/6/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 2-9-51	NAME OF CEMETERY OR CREMATORIAL Clem Hill	LOCATION (City, town, or county) Baltimore	(State)
DATE REC'D BY LOCAL REG. 2/6/51	REGISTRAR'S SIGNATURE J. B. Dyer	24. FUNERAL DIRECTOR Geo. L. Beyard, Hopkins St. - Balto. Ind.	ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1521

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN State Sanatorium		LENGTH OF STAY (If this place) 26 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore		(If rural, give location) STREET ADDRESS 611 W. Baltimore St.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.									
3. NAME OF DECEASED (Type or Print)	(First) George	(Middle)		(Last) Langlutz	4. DATE OF DEATH Feb. 20	(Month) Feb.	(Day) 20	(Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single		8. DATE OF BIRTH 5/13/1900	9. AGE last birthday 50 yrs.	10. Months. 9	11. Days. 7	12. Hours. 11	13. Min. 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME August Langlutz				14. MOTHER'S MAIDEN NAME Julia Dean					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-09-8371		17. INFORMANT Deceased					

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH415x Immediate cause (a) **Rheumatic Cardio-Vascular Disease**INTERVAL BETWEEN
ONSET AND DEATH**Unknown**

13b Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause
stating the underlying cause last
(c)II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death. **Pulmonary Tuberculosis**About
4 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No M

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1/25**, 19**51**, to **2/20**, 19**51**, that I last saw the deceasedalive on **2/20**, 19**51**, and that death occurred at **10:00** A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

State Sanatorium, Md.

2/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 23/51	NAME OF CEMETERY OR CREMATORIAL London Park	LOCATION (City, town, or county) Balt. City	(State) Md.
DATE RECD BY LOCAL REG. 2/21/51	REGISTRAR'S SIGNATURE J. D. Ryan	24. FUNERAL DIRECTOR Robt. C. & G. M. Walter	ADDRESS 516-24-1	

Pratt & Strickler 1st Balt. 23 May
P. S. 27.5



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1522

Reg. Dist. No. 131

1. PLACE OF DEATH. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		LENGTH OF STAY 50 yrs. (This place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 East Patrick Street		STREET ADDRESS 410 East Patrick Street		(If rural, give location)			
3. NAME OF DECEASED (Type or Print)	(First) LILLIE	(Middle) BONDELLA	(Last) LANTZ	4. DATE OF DEATH	(Month) 2	(Dey) 1	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months 78 yrs.	If under 24 hrs Days	10 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Samuel Fitez		14. MOTHER'S MAIDEN NAME Susan Virginia Fogle					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Merhl A. Lantz, Frederick, Md.	410 E. Patrick St.,			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241a Immediate cause

(a)

status asthmaticus

INTERVAL BETWEEN
ONSET AND DEATH

5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Dent - Home	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) (Dey) (Year) DENTISTRY 2-1-51	INJURY OCCURRED OF 2:30A m.	While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

R. W. Barr

(Degree or title)

ADDRESS

DATE SIGNED

1 Feb 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4 Feb 1951	NAME OF CEMETERY OR CREMATORIAL Frederick Memorial Park	LOCATION (City, town, or county) Frederick, Maryland	(State)
---	----------------------------	--	---	---------

DATE REC'D BY LOCAL REG. Elizabeth G. Heeks.	REG. Elizabeth G. Heeks.	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
---	--------------------------	---	---------



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

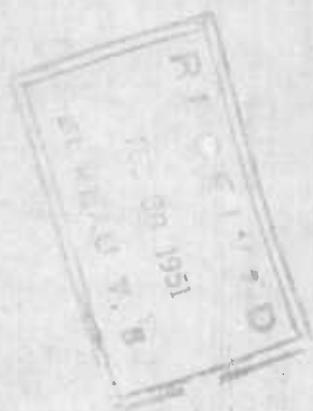
2411 N. Charles Street, Baltimore

1523

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR TOWN Rural Middletown			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)			(First) John	(Middle) Henry	(Last) Marker
4. DATE OF DEATH			2	11	1951
5. SEX			6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
male			white	Widowed	3/26/1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR TRADE		
farmer, ret.			Farm owner		
13. FATHER'S NAME			11. BIRTHPLACE (State or foreign country)		
Peter Marker			Myersville, Md.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> U.S.		
16. SOCIAL SECURITY NO.			17. INFORMANT AND ADDRESS		
none			Mrs. Noah Burtner, Middletown, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <u>Cerebral Hemorrhage</u>					
Antecedent cause(s) (b) <u>Hyper tension</u>					
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19h. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 2</u> , 1951, to <u>Feb 11</u> , 1951, that I last saw the deceased alive on <u>Feb 8</u> , 1951, and that death occurred at <u>1:25 A</u> m., from the causes and on the date stated above.					
SIGNATURE <u>J. E. Harp M.D.</u>		(Degree or title)		ADDRESS <u>Middletown</u> DATE SIGNED <u>2-12-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>2/14/1951</u>		NAME OF CEMETERY OR CREMATORIAL Boonsboro Cemetery	
LOCATION (City, town, or county) (State) <u>Boonsboro, Md.</u>		DATE REC'D BY LOCAL REG. <u>Feb 12-51</u>		REG. <u>main Gladhill</u> ADDRESS <u>Gladhill Co., Middletown, Md.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>290116</u>					



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1524

Reg. Dist. No. 141

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Brunswick</i>		LENGTH OF STAY (in this place) <i>56 yrs</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>807 East Patowmack St</i>		STREET ADDRESS <i>807 East Patowmack St.</i>	
3. NAME OF DECEASED (Type or Print) <i>Elizabeth Sarah Mc Gaha</i>		4. DATE OF DEATH <i>2-9 1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
13. FATHER'S NAME <i>Unknown</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT AND ADDRESS <i>Elaine M. McGaha Brunswick Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <i>Cerebral Hemorrhage</i> (a) Antecedent cause(s) <i>Diabetic mellitus</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>61</i> (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <i>2 days. 20 yrs</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-7-1951</i> to <i>2-9-1951</i> , that I last saw the deceased alive on <i>2-9-1951</i> , and that death occurred at <i>2 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>R. Smith</i> ADDRESS <i>Brunswick, Md.</i> DATE SIGNED <i>2-10-51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>2-12-1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Locust Valley</i>	LOCATION (City, town, or county) <i>Rural Brunswick Md.</i> (State)
DATE REC'D BY LOCAL REC'D. <i>Feb. 10-51</i>	REGISTRAR'S SIGNATURE <i>Kathryn H. Brown</i>	24. FUNERAL DIRECTOR ADDRESS <i>C. H. Field & Son Brunswick Md.</i>	



Evidence for change
in 8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1525

Form No. G 152 APR 10 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH. CITY TOWN		Frederick	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE CITY TOWN	Maryland	COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)	50 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		156 W. All Saints		STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		(First) Charles	(Middle) Henry	(Last) McKinney	4. DATE OF DEATH	(Month) Feb. 6, 1951 (Year) 19
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH 70 Aug. 22, 1871	9. AGE last birthday	If under 1 year Months, Days 8D yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	*****	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		Libertytown, Md.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
16. SOCIAL SECURITY NO.		None	Theresa Roberts 255 S. Washington St. Getts Pa			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause
stating the underlying cause last

Cardiac Vascular Disease, Complicated
with Nephritis Dropsy

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR?	
		m.	Not While At work		

22. I hereby certify that I attended the deceased from Throughout 1950, to 2-5, 1951, that I last saw the deceased

alive on 2-4, 1951, and that death occurred at 8: A.m. from the causes and on the date stated above.

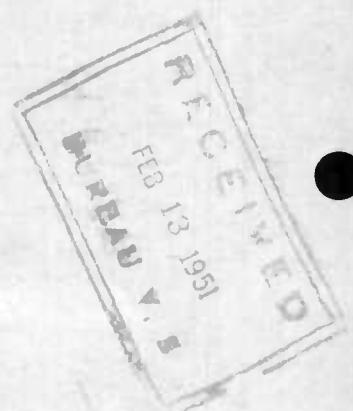
SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	Feb. 9, 1951	St. Peters	Libertytown	Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		
9 February 1951	Elizabeth S. Heck	Charles E. Hicks III	ADDRESS	
Fred, Md.				



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1526

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural RD#3		LENGTH OF STAY (In this place) 10 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#3		STREET ADDRESS (If rural, give location) Bethel	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethel							
3. NAME OF DECEASED (Type or Print) ADELE		(First) (Middle) MARGARETE		(Last) MILLER		4. DATE OF DEATH	(Month) 2 (Day) 3 (Year) 1951
5. SEX Female		6. COLOR OR RACE White		7. SINGLED, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12 June 1918	9. AGE last birthday 32 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Rinehart				14. MOTHER'S MAIDEN NAME Isabel Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Norman E. Miller, Frederick, Md.		R. F. D. #3,	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Coronary Thrombosis

1/2 hr.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 19, 1950, to Jan., 1951, that I last saw the deceased alive on Jan. 26, 1951, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

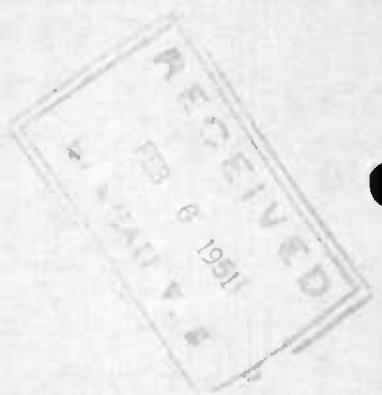
SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5 Feb 1951	NAME OF CEMETERY OR CREMATORIAL Locust Grove Cemetery	LOCATION (City, town, or county) Near Libertytown, Maryland	(State)
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1527

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN		13 day.		TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Frederick Memorial Hospital		STREET ADDRESS		Yarrowayburg - Rural.	
3. NAME OF DECEASED (Type or Print)		(First) Bessie	(Middle) Estella	(Last) miller	4. DATE OF DEATH		(Month) (Day) (Year)
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday		If under 1 year Months Days Hours Min.
Female		White	Married	May, 31-1905	45-8-26 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
House wife		own Home		Harpers Ferry W. Va.		U.S.A.	
13. FATHER'S NAME		William Staub		14. MOTHER'S MAIDEN NAME		Sula May Snyder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		Alvin Miller - Knoxville Md. R. I.	
no.		none.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

331x Immediate cause

(a)

Cerebral Hemorrhage

2 wks.

Antecedent cause(s)

(b)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

Hypertension

1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY				INJURY			
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR? Not While At work		
OF INJURY				m.			

22. I hereby certify that I attended the deceased from Feb. 14, 1951, to Feb. 27 1951, that I last saw the deceased

alive on Feb. 27, 1951, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

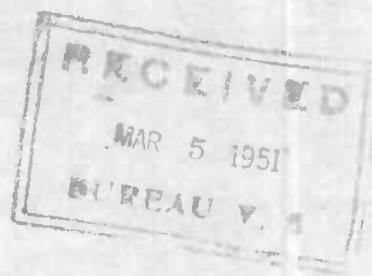
SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial		March. 2, 1951	Church of the Brethren Cemetery	Brownsville	md.
DATE REC'D BY LOCAL REG.		REGISTRATION'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
Aug. 28 1951		Elizabeth S. Heck.	C. W. F. Bass Sons Brownsville Md.		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

159.

MANUSCRIPT FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick		
(If outside corporate limits, write RURAL and OR give nearest town) TOWN Mount Pleasant		LENGTH OF STAY (In this place) 3 years		(If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Pleasant		(If rural, give location) STREET ADDRESS		
HOSPITAL OR INSTITUTION OR STREET ADDRESS								
3. NAME OF DECEASED (Type or Print)	(First) EDWARD	(Middle) JOSEPH	(Last) MONAGHAN	4. DATE OF DEATH	(Month) February	(Day) 21	(Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 7, 1892	9. AGE last birthday 58 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Foreman		10b. KIND OF BUSINESS OR INDUSTRY Fleet of Trucks	11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Edward Monaghan		14. MOTHER'S MAIDEN NAME Mary Callahan						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. If yes, give war or dates of service) World War I 143-09-9271	17. INFORMANT Mrs. Edward J. Monaghan, Mount Pleasant, Md					
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
420.1	Immediate cause 94a	(a) Coronary Thrombosis (b) Atherosclerosis, generalized						INTERVAL BETWEEN ONSET AND DEATH 2 hours 10 days
(c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>10 Oct</u> , 1950, to <u>21 Feb</u> , 1951, that I last saw the deceased alive on <u>21 Feb</u> , 1951, and that death occurred at <u>6:30</u> m., from the causes and on the date stated above. SIGNATURE <u>Edward J. Monaghan</u> (Degree or title) <u>ADDRESS</u> <u>Waldenville Md 21 Feb 51</u> DATE SIGNED								
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF February 23, 1951	NAME OF CEMETERY OR CREMATORIAL Mount Hope Cemetery		LOCATION (City, town, or county) Woodsboro, Maryland		(State)	
DATE REC'D BY LOCAL REC		REGISTRAR'S SIGNATURE Elizabeth S. Hecke	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland		ADDRESS			
22 Feb (951)								

523526



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

152:1

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
Frederick MARYLAND		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
Thurmont		10 yrs	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. NAME OF DECEASED (First) (Middle) (Last)	
Sarah Frances Myers		4. DATE OF DEATH	
Female		Feb. 7 1951	
6. COLOR OR RACE		5. SEX	
White		Female	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Widowed		Oct. 1, 1872	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Housewife		Jew. Home	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Maryland		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Rees		Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no		no.	
17. INFORMANT AND ADDRESS			
Clarence Myers Thurmont, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause		(a) Heart Disease - Coronary Occlusion	
Antecedent cause(s)		(b) -	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) -	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
none			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
no			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
INJURY		(CITY OR TOWN)	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED OF INJURY	
m.		While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 7, 1951, to Feb. 7, 1951, that I last saw the deceased alive on Feb. 7, 1951, and that death occurred at 11 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
James K. Gray, M.D.		Thurmont, Md. 2-10-51	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
Feb. 10, 1951		NAME OF CEMETERY OR CREMATORIAL	
REG.		LOCATION (City, town, or county)	
Feb. 10, 1951		Blue Ridge Cemetery Thurmont, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
Feb. 10, 1951		Blanche S. Eyles	
24. FUNERAL DIRECTOR		ADDRESS	
M. L. Leeser & Son		Thurmont, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1530

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY				
Frederick		MARYLAND		Maryland		Frederick				
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)				
TOWN Rural		3 1/2 years		TOWN Rural		TOWN Rural				
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Middletown, Md. R. I.		STREET ADDRESS		Middletown, Md. R. I.				
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)		4. DATE OF DEATH	(Month)	(Day)	(Year)	
Clara		May	Neumannaker	Aug. 12, 1869		Aug. 11	1951			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE last birthday		
Female		White		Widowed		Aug. 12, 1869		81	5	29 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY				
Housewife		Own Home		near Middletown Fred. Co. Md.		U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		
Daniel Reeder		Susie Beachley		No		none		Mrs. J. Claude Beachley Middletown, Md. R. I.		

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chr. Valvular heart disease

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b) Hypertension.

(c) Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

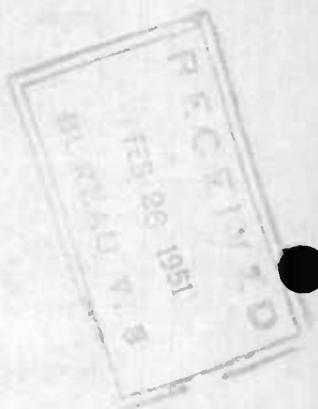
20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
TIME (Month)	(Day)	(Year)	(Hour)						
OF INJURY	m.								

22. I hereby certify that I attended the deceased from Aug., 1950, to Feb. 11, 1951, that I last saw the deceased
alive on Feb. 6, 1951, and that death occurred at 3:15 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. E. Harp, M.D. Middletown 2-12-51

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)		(State)	
Burial		February 14, 1951		Boonsboro Cemetery		Boonsboro Creek, Co. Md.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
Feb. 12-51		main Gladwell		C. W. J. Bart & Sons		Boonsboro Md.			



1531

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>DeKalb - Frederick</i>		LENGTH OF STAY (In this place) <i>50 yrs</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <i>Minnie Isabelle Bonner</i>		4. DATE OF DEATH <i>Feb. 8 1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 3, 1874</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Charles A. Pickler</i>		14. MOTHER'S MAIDEN NAME <i>Mary Stearns</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>220-16-0471</i>	17. INFORMANT AND ADDRESS <i>William L. Dennis, Funeral Director, Md.</i>
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause *Coronary occlusion* Unsubstantiated
 420.1 (a) _____
 94a Antecedent cause(s) *None*
 Diseases or conditions, if any, giving rise to the above cause
 stating the underlying cause last *None*
 (b) _____
 (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION *Dec 2 1951* 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH. <i>None</i>	PLACE (Home, farm, factory, street, office bldg., etc.) <i>DeKalb - neighbor's home</i>	(CITY OR TOWN) <i>None</i>	(COUNTY) <i>None</i>	(STATE) <i>None</i>	
TIME (Month) (Day) (Year) (Hour) <i>Dec 2 8.51 3 P.m.</i>	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> <i>None</i>	HOW DID INJURY OCCUR? <i>None</i>			

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE *W. V. BAER*

(Degree or title) *DEPUTY MEDICAL EXAMINER*

ADDRESS *Frederick Md.*

DATE SIGNED *2-8-51*

23. BURIAL CREMATION
REMOVAL (Specify) *None* DATE THEREOF *Feb. 11, 1951* NAME OF CEMETERY OR CREMATORIAL *Mt. Prospect Cemetery* LOCATION (City, town, or county) *Frederick* (State) *Md.*

DATE REC'D BY LOCAL REG. <i>Feb. 9 1951</i>	REGISTRAR'S SIGNATURE <i>Blanche S. Eyles</i>	24. FUNERAL DIRECTOR
---	---	----------------------

ADDRESS *None*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1532

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS 27 East Fourth Street (If rural, give location)			
3. NAME OF DECEASED (Type or Print)	(First) GRACE	(Middle) W.	(Last) ROTHENHOEFER		
4. DATE OF DEATH	2	(Month)	(Day)		
			(Year)		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH		
Female	White	6 Aug 1884	9. AGE last birthday 66 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA		
House-wife	At Home	Canada			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Unknown	Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> NO	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	27 E. 4th St., James E. Rothenhoefer, Frederick, Maryland		
None					
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
294x	Immediate cause 76b	(a) <i>Polycythemia vera</i>	INTERVAL BETWEEN ONSET AND DEATH 1 year		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Nov. 1, 1950</i> , to <i>Feb. 14, 1951</i> , that I last saw the deceased alive on <i>Feb. 14, 1951</i> , and that death occurred at <i>7:45 P.m.</i> from the causes and on the date stated above.				ADDRESS	
SIGNATURE <i>Bernard Thomas Jr. M.D.</i>				DATE SIGNED <i>Frederick, Md Feb. 15, 1951</i>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIY	LOCATION (City, town, or county) Bellows Falls, Vermont	(State)	
Removal	16 Feb 1951				
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.	REG.	REG.
15 Feb 1951	Eliglott G. Heck				
24. FUNERAL DIRECTOR				ADDRESS	
M. R. Etchison & Son, Frederick, Maryland					



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1533
Reg. Dist. No.

141

1. PLACE OF DEATH COUNTY <i>Fred</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Brunswick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Brunswick</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>827 East 7th St</i>		STREET ADDRESS <i>827 East 7th St</i>	
3. NAME OF DECEASED (Type or Print) <i>Madosa</i>		(First) <i>Madosa</i>	(Middle) <i></i>
4. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>10-6-1859</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	9. AGE last birthday <i>91</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland Virginia</i>
13. FATHER'S NAME <i>John W. Johnson</i>	14. MOTHER'S MAIDEN NAME <i>Jane Hartman</i>	12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT AND ADDRESS <i>Mrs. Nora Dellow Baltimore Md.</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Heart failure (cardiac decompensation)*4343
Antecedent cause(s)95c
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last(b) *aged*(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *11/10*, 1951, to *2/1*, 1951, that I last saw the deceasedalive on *2/1*, 1951, and that death occurred at *11:45 P.m.* from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>2-4-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Park Heights</i>	LOCATION (City, town, or county) <i>Brunswick Maryland</i>	(State)
DATE REC'D. BY LOCAL REG. <i>Feb. 3-51</i>	REG. <i>Kathryn H. Brown</i>	24. FUNERAL DIRECTOR ADDRESS <i>C. A. Tuber Bus Brunswick Md.</i>		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for additions MARYLAND STATE DEPARTMENT OF HEALTH
in red shown on:

ALM NO. G 1, 1 MAR 27 1951 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1534

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Canada	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		LENGTH OF STAY (In this place) 1 Day	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Francis Scott Key Hotel		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toronto	
3. NAME OF DECEASED (Type or Print) ANNE		4. DATE OF DEATH (Month) (Day) (Year) February 26 1951	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH June 23, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Schoolteacher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? Canada	
13. FATHER'S NAME William Sergison		14. MOTHER'S MAIDEN NAME Susan Henderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Miss Elsie Hutchinson, Toronto, Canada		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Coronary Thrombosis

2 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause

Angina Pectoris

Several years

stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	HOW DID INJURY OCCUR?		
OF INJURY	751	26	1951	12:30 p.m.	While at work	Not while at work

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

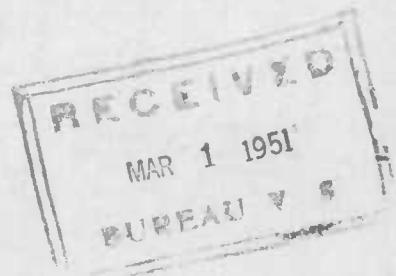
SIGNATURE

Degree or title

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal		DATE THEREOF 26 Feb 1951		NAME OF CEMETERY OR CREMATORIAL Windsor Bone Cen.		LOCATION (City, town, or county) Frederick, Canada
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Elizabeth B. Heek		24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1535

Reg. Dist. No. 144

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in. this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. NAME OF DECEASED (First) (Middle) (Last)	
4. SEX		5. COLOR OR RACE	
Female		White	
6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		7. KIND OF BUSINESS OR INDUSTRY	
Married		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Housewife		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Edward Kise		America A. Frankel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		17. INFORMANT AND ADDRESS	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Cerebral Hemorrhage			
Antecedent cause(s) (b) 331X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 92d			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death (d) Heart disease, ch. valvular			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
no		19c. PLACE (Home, farm, factory, street, OF office bldg., etc.)	
21. ACCIDENT SUICIDE HOMICIDE		(CITY OR TOWN) (COUNTY) (STATE)	
no		TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Work At work	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 14, 1951, to Feb. 18, 1951, that I last saw the deceased alive on Feb. 18, 1951, and that death occurred at 9:30 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Feb. 22, 1951		Utica Cemetery Utica Md	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
Feb. 21, 1951		Blanche S. Eyer	
24. FUNERAL DIRECTOR		ADDRESS	
M. L. Creager & Son		Thurmont, Md.	



Evidence for addition
in 18 shonw on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1536

FILE NO. G 151 FEB 26 1951

Reg. Dist. No. 141

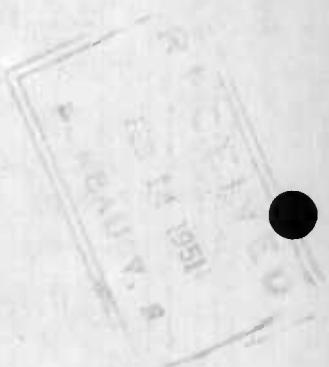
CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	
Frederick Maryland Brunswick 307 East Palmetto St		Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Brunswick (If rural, give location) 307 East Palmetto St	
3. NAME OF DECEASED (Type or Print)	(First) Rosetta	(Middle) Ella	(Last) Simpson
4. SEX Female	5. COLOR OR RACE White	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	7. DATE OF BIRTH Mar. 8-1865 85
8. AGE last birthday 85 yrs.	9. BIRTHPLACE (State or foreign country) Virginia	10. KIND OF BUSINESS OR INDUSTRY Home	11. CITIZEN OF WHAT COUNTRY?
12. FATHER'S NAME John Frye	13. MOTHER'S MAIDEN NAME Amanda Miles	14. SOCIAL SECURITY NO. None	15. INFORMANT AND ADDRESS Anne Eula Frye Brunswick Md
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	17. MEDICAL CERTIFICATION 18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause 794X (a) <i>right heart failure</i>	19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	22. DATE OF OPERATION	23. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	24. (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	25. INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	26. HOW DID INJURY OCCUR?	
27. I hereby certify that I attended the deceased from 2/8 1951, to 2/10 1951, that I last saw the deceased alive on 2/10 1951, and that death occurred at 6:00 m., from the causes and on the date stated above. SIGNATURE William J. Brown, M.D.	28. ADDRESS Brunswick Maryland	29. DATE SIGNED 2/10/51	
30. BURIAL, Cremation REMOVAL (Specify)	31. DATE 2-12-51	32. NAME OF CEMETERY OR CREMATORIAL Union	33. LOCATION (City, town, or county) Towsonville Va. (State)
34. DATE REC'D BY LOCAL REG. Feb. 10-51	35. REGISTRAR'S SIGNATURE Kathryn H. Brown	36. FUNERAL DIRECTOR C. H. Felt & Sons	37. ADDRESS Brunswick Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1537

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH COUNTY <u>Frederick Co.</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Le Gore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural, ne. Woodsboro</u> (If rural, give location) STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <u>EMMA</u>		4. DATE OF DEATH <u>Feb. 13 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 2, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
13. FATHER'S NAME <u>Alfred Keeney</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Mrs. Orville Stately, Fred., Md.</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Bowers</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>422.1</u>		(a) <u>Cerebral thrombosis</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>93d</u>		(b) <u>Atherosclerotic cardiovascular disease</u>	
		(c) <u>-</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1 April</u> , 1948, to <u>13 Feb.</u> , 1951, that I last saw the deceased alive on <u>12 February 1951</u> , and that death occurred at <u>9:45 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>James E. Horney Jr.</u>		(Degree or title) <u>MD</u> ADDRESS <u>Walkersville, Md.</u> DATE SIGNED <u>14 February 1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 16, 1951</u> NAME OF CEMETERY OR CREMATORIAL <u>Rocky Hill</u> LOCATION (City, town, or county) <u>Woodsboro, Md.</u> (State)	
DATE REC'D BY LOCAL REG. <u>2/16/51</u>		REGISTRAR'S SIGNATURE <u>L. Howell</u> 24. FUNERAL DIRECTOR ADDRESS <u>J. C. Barton</u> <u>Walkersville, Md.</u>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in 3 & 4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Form No. G 131 MAR 9 1951

FOR MEDICAL EXAMINERS

Reg. Dist. No. 53

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN STREET ADDRESS	
COUNTY Frederick Maryland Brunswick 16 hours		COUNTY Md Baltimore (If rural, give location) 14 Beringer Rd. Oakleigh Village	
3. NAME OF DECEASED (Type or Print)	(First) Elmer	(Middle) Lee	(Last) STOTELMEYER
4. DATE OF DEATH	(Month) FEB.	(Day) 23	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Separated)	8. DATE OF BIRTH
Male	White	Married	May 3rd 1881
9. AGE last birthday yrs.	10. BIRTHPLACE (State or foreign country)	11. CITIZEN OF WHAT COUNTRY?	
69	W. Va.	W. Va.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	12. MOTHER'S MAIDEN NAME	
Passenger Conductor	R. O. R. R.	Josephine (Un Known)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John Stotelmyer	Elizabeth Stotelmyer Oakleigh Village		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION
No			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
4200 93d	(a) Immediate cause	Acute Pulmonary Edema	
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Arterio-Sclerotic heart disease	
	(b)	2 hrs.	
	(c)	7 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE Charles H. Conley, Jr. M.D.	(Degree or title) M.D. B.A.	ADDRESS Frederick, Maryland	DATE SIGNED 2/21/51.
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 2/26/51	NAME OF CEMETERY OR CREMATORIAL London Park Cemetery	LOCATION (City, town, or county) Salisbury
DATE REC'D BY LOCAL REG. REC'D.	REGISTRAR'S SIGNATURE W. H. Hedrick	24. FUNERAL DIRECTOR J. M. Mohr, Jr. 1217 S. Paul St	ADDRESS 203506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

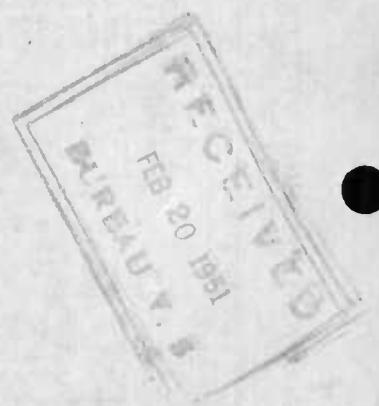
2411 N. Charles Street, Baltimore

1539

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>TOWN</u> <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>TOWN</u> <u>Frederick</u>	
LENGTH OF STAY (in this place) <u>2 yrs</u>		STREET ADDRESS <u>216 Carroll Parkway</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Rev. Clarence J. Sullivan</u>	(First) <u>R</u>	(Middle) <u>C</u>	(Last) <u>Sullivan</u>
4. DATE OF DEATH <u>Oct. 18</u>	(Month) <u>Oct.</u>	(Day) <u>18</u>	(Year) <u>1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/12/02</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clergy</u>	11. BIRTHPLACE (State or foreign country) <u>MD</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>Wm J. Sullivan</u>	14. MOTHER'S MAIDEN NAME <u>Maye Handley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT AND ADDRESS <u>Mrs. Mary C. Sullivan - Frederick, Md.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331x Immediate cause <u>Cerebral Haemorrhage</u>	(a) <u>1 day</u>		
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Hypertension</u>	(b) <u>1 year</u>		
	(c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE <u>suicide</u> HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) <u>Oct.</u> (Day) <u>18</u> (Year) <u>1957</u> (Hour) <u>10:45</u>	INJURY OCCURRED OF INJURY <u>m.</u>	While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Oct. 17</u> , 1957, to <u>Oct. 18</u> , 1957, that I last saw the deceased alive on <u>Oct. 18</u> , 1957, and that death occurred at <u>10:45</u> a.m., from the causes and on the date stated above. SIGNATURE <u>A. J. Gear, M.D.</u> ADDRESS <u>Frederick, Md.</u> DATE SIGNED <u>2/18/57</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Cremation</u>	DATE THEREOF <u>Feb 21, 1957</u>	NAME OF CEMETERY OR CREMATORIAL <u>Bairst Cemetery</u>	LOCATION (City, town, or county) <u>Syrone</u> (State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>18 Oct 1957</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR	ADDRESS <u>605 Russelton Janetown Md</u>
008896			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick		LENGTH OF STAY 40 years (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		22 East Sixth Street		STREET ADDRESS		(If rural, give location) 22 East Sixth Street	
3. NAME OF DECEASED (Type or Print)	(First) BENJAMIN	(Middle) JOHN	(Last) SWANN	4. DATE OF DEATH	(Month) 2	(Day) 24	(Year) 1951
5. SEX Male	6. COLOR OR RACE Colored	7. SINGER, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 23 Sept 1873	9. AGE last birthday 77 yrs.	If under 1 year Months	If under 24 hrs Days	If under 24 hrs Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Apartment Building Janitor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME LLOYD SWANN		14. MOTHER'S MAIDEN NAME ELIZABETH (LAST NAME UNKNOWN)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS 22 E. SIXTH ST., MRS. HARRIETT SWANN, FREDERICK, MD.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

112





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1543

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
<small>(If outside corporate limits, write RURAL and OR give nearest town)</small> <small>TOWN</small> Frederick-Rural RD#3		<small>LENGTH OF STAY (in this place)</small> <small>Length</small> Life	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Yellow Springs		CITY (If outside corporate limits, write RURAL and give nearest town) OR <small>TOWN</small> Frederick-Rural RD#3	
3. NAME OF DECEASED (Type or Print) GEORGE FRANKLIN		STREET ADDRESS Yellow Springs	
(Last) WASTLER		4. DATE OF DEATH 2 26 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED (Specify) Widowed	8. DATE OF BIRTH 8 Dec 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Wastler		14. MOTHER'S MAIDEN NAME Lucinda (last name unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Samuel E. Harris, Frederick, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 hr.	
420.1 Immediate cause (a) <i>Coccygeal Thrombosis</i> 94a Antecedent cause(s) (b) <i>Coccidioides californicus - generalized.</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, <small>OF</small> office bldg., etc.) <small>INJURY</small>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE) <small>While at Work</small> <input type="checkbox"/> <small>Not While At work</small> <input type="checkbox"/> <small>m.</small>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1951</i> , to <i>1951</i> , 1951, that I last saw the deceased alive on <i>26 Feb 1951</i> , and that death occurred at <i>11 A</i> m., from the causes and on the date stated above.			
SIGNATURE <i>Arthur F. Woodard</i>		(Degree or title) M. D. ADDRESS <i>Frederick, Maryland</i>	
DATE SIGNED <i>26 Feb 1951</i>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 1 March 1951	
		NAME OF CEMETERY OR CREMATORIAL Pleasant Hill Cemetery	
		LOCATION (City, town, or county) Near Yellow Springs, Md.	
DATE REC'D BY LOCAL REG. <i>26 Feb 1951</i>		REG. NO. 131 24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	
REG. NO. 131		ADDRESS <i>970116</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1543

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
GIFT (If outside corporate limits, write RURAL and OR give nearest town) Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
LENGTH OF STAY 3 Days		STREET ADDRESS 368 Madison Street (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		4. DATE OF DEATH (Month) (Day) (Year) 2 19 51	
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	(Last)	
FANNIE	CATHERINE	WILES	
6. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) Widow	8. DATE OF BIRTH 20 June 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE last birthday 77 yrs.	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Charles H. Lare	14. MOTHER'S MAIDEN NAME Annie Barnes	12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Harry P. Phillips, Frederick, Md.	368 Madison St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH592x
131bImmediate cause (a) *Chronic nephritis*

Antecedent cause(s)

Diseases or conditions, if any,

giving rise to the above cause
stating the underlying cause last

(b)

stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.*Chronic myocarditis*

unknown.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 19 51, to Feb. 17 19 51, that I last saw the deceased
alive on Feb. 16 19 51, and that death occurred at 2:30 A m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur F. Woodward

M. D.

Frederick, Maryland

19 Feb 1951

23. BURIAL, CREMATION BANFAUL (Specify)	DATE THEREOF 21 Feb 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
--	-----------------------------	--	---	---------

DATE REC'D BY LOCAL REG. 26 February 1951	REGISTRAR'S SIGNATURE <i>Elizabeth S. Tech.</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
---	--	---	---------



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1544

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS 489 East Church Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) LEWIS	(Last) WILLS
4. DATE OF DEATH	2	(Month) 5	(Day) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH
Male	White	24 Dec 1876	9. AGE last birthday
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
Retired	BRUSH-Maker	Maryland	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
William L. Wills	Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	R. F. D. #1, Frederick, Md.
No	212-14-6079	Mrs. Atlee Boyer,	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
4231 93d	Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(a) <i>Arterio-sclerotic Cardio-vascular</i> <i>disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
(Day) (Year) (Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3 am.</u> , 19 <u>46</u> , to <u>Feb. 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 5</u> , 19 <u>51</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above. SIGNATURE <u>Bernard D. Humes Jr.</u> (Degree or title) ADDRESS DATE SIGNED <u>6 Feb 1951</u>			
23. BURIAL, CEMERATION REMOVAL (Specify) Burial	DATE THEREOF 7 Feb 1951	NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Elizabeth G. Hecks</u>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1545

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME OF DECEASED) STATE		Maryland Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN		3 weeks		TOWN		STREET	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		ADDRESS		STREET		(If rural, give location)	
4. NAME OF DECEASED (First) (Type or Print)		(Middle)		(Last)		5. DATE OF DEATH (Month) (Day) (Year)	
ABRAHAM		ELIAS		WILSON		February 23 1951	
6. SEX		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday If under 1 year Months Days Hours Min.	
Male		Married		June 2 - 1879		71 yrs.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Farmer		Businessman		Maryland		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
Elias Wilson		Annie Sprinkle		None		None	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION		19. DATE OF OPERATION			
Isaac Saylors, Union Bridge, Rural		Arterio - sclerotic Cardio-vascular disease		20. AUTOPSY?			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 years					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office, bldg., etc.)		(CITY OR TOWN)		(COUNTY)	
INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.					
22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Feb 23, 1951, that I last saw the deceased alive on Feb 22, 1951, and that death occurred at 11:50 A.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Bernard O. Klemas Jr. M.D. Frederick, Md. Feb. 23, 1951							
23. BURIAL, CREMATION REMAINS (Specify)		DATE		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)	
Cremated		Feb 25 - 51		Methodist Cemetery		Winchester, Maryland	
DATE REC'D BY LOCAL REG.		REG.		24. FUNERAL DIRECTOR		ADDRESS	
23 Feb 1951		Elizabeth S. Heck		J.W. Hartler & Sons		970116 Union Bridge & New Windsor Md.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1546

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Frederick</i>		LENGTH OF STAY (in this place) <i>4 days</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Memorial Hospital</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Thurmont</i>	
3. NAME OF DECEASED (First) <i>Laura</i>		4. DATE OF DEATH <i>2 28 1951</i>	
(Middle) <i>Margaret</i>		(Last) <i>Wisotskey</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 11, 1876</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>	
11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Frederick L. Wisotskey</i>		14. MOTHER'S MAIDEN NAME <i>Hannah M. Snyder</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT AND ADDRESS <i>Raymond E. Legege, Thurmont, Md.</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>Central Nervous System</i>		Antecedent cause(s) <i>Central Nervous System</i>	
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <i>8th</i>		Onset <i>5 days</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED OF INJURY m.	How did injury occur? While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
22. I hereby certify that I attended the deceased from <i>Feb. 24, 1951</i> , to <i>Feb. 28, 1951</i> , that I last saw the deceased alive on <i>Feb. 28, 1951</i> , and that death occurred at <i>4:25 p.m.</i> from the causes and on the date stated above.			
SIGNATURE <i>A. A. Pearre, M.D.</i>		ADDRESS <i>Frederick Rd</i>	DATE SIGNED <i>2/28/51</i>
23. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Mar. 3, 1951</i>	NAME OF CEMETERY OR OREMATORIAL <i>United Lutheran</i>	LOCATION (City, town, or county) (State) <i>Thurmont, Md.</i>
DATE REC'D BY LOCAL REG. <i>Mar. 21951</i>	REGISTRAR'S SIGNATURE <i>Elizabeth G. Heek</i>	24. FUNERAL DIRECTOR <i>M. S. Legege & Son, Thurmont, Md.</i>	ADDRESS

